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ABSTRACT

A survey of 105 Kentucky and Indiana hospitals was made to determine the extent and quality of library service available under the auspices of the Ohio Valley Regional Medical Program. Summary data on the 60 hospitals with libraries are reported here with the objective of examining the capability of these institutions as a group to participate in the formation of a Biomedical Communications Network as proposed by the National Library of Medicine. Although the data from an academic librarian's viewpoint indicate that few hospitals have a dependable library service, the more optimistic view is that a base-line has been established from which to make assessments in the future for improved hospital health science libraries. From the data presented many obvious technical improvements could be suggested; however, the more important conclusion to be reached from this survey is the need for establishing some value system on which to base priorities and to establish goals for improvement. (Author)

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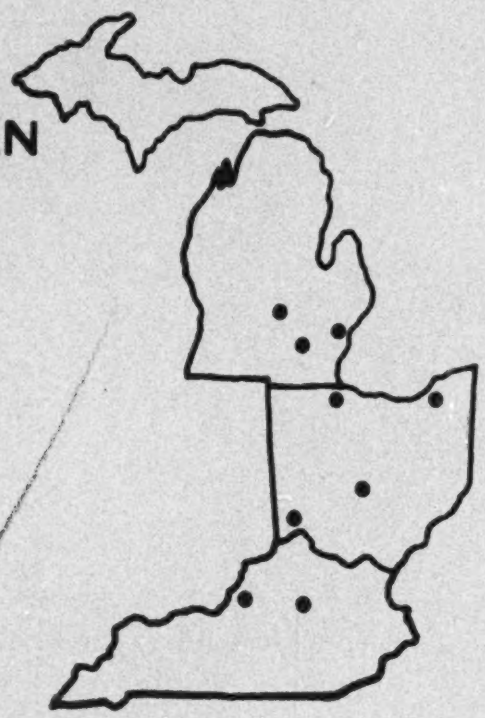

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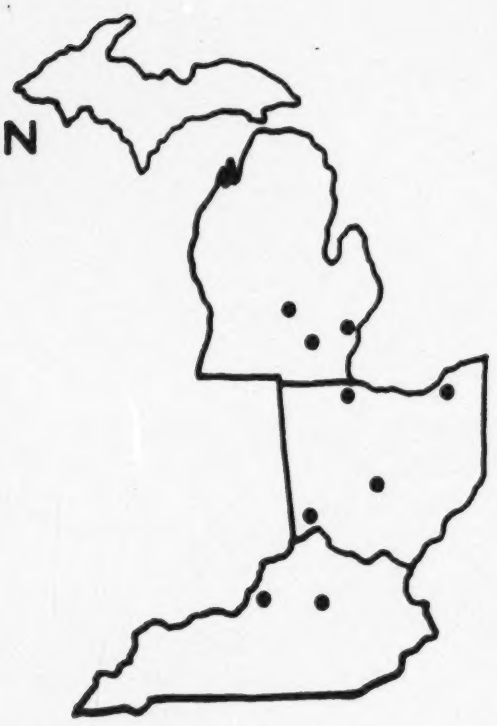

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PAPERS AND REPORTS, NO. 11

KENTUCKY HOSPITAL HEALTH SCIENCE LIBRARIES: A Potential Base for the Establishment of a Biomedical Communication Network*

by
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INTRODUCTION

Federal legislation of 1965 began a renewed interest in the institutional mechanisms for the transfer of information relating to health care. Both the Medical Library Assistance Act with the establishment of the Resource Program to supply direct support to medical libraries and the Regional Medical Library Program (RMLP) to encourage the development of an administrative organization for the sharing of resources of existing libraries, provided a stimulus to examine the institutional potential for delivering library service. At the same time the Regional Medical Programs were being formed with a directive to improve the continuing education means for health professionals, thus the need to determine the availability of libraries became an important consideration.

The National Library of Medicine published new guidelines for the organization of the RMLP. (1) The main thrust of the new guidelines is that a Biomedical Communications Network is to be further developed utilizing existing institutions. The "system" design is hierarchical in nature in which each higher level facility serves as a backup resource to the echelon below. This system design starts with an important assumption: "every community hospital in this country may be thought of as having a fundamental continuing education obligation, the basic unit [in the hierarchy of organization] is best considered as an essentially independent, free-standing educational organization". Generally, the basic unit includes (i) community hospitals, (ii) schools with health science education and training programs, and (iii) research organizations and governmental agencies.

This paper reports the results of a survey of hospital libraries in Kentucky and 12 southern Indiana counties*. A discussion of the implications of the results as they relate to the new RMLP hierarchical system design is included.

POPULATION SURVEYED

The original Library Extension Service (LIBREX) of the Ohio Valley Regional Medical Program (OVRMP) as approved in 1969 was to have a similar program in each of the three resource libraries, University of Cincinnati, University of Kentucky, and

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(1) National Library of Medicine. Regional Medical Library Program, September 1971.

* Seventeen Indiana hospitals are included in the data, but 17 hospitals in northern Kentucky and in the Lexington area are not included.

the University of Louisville. As the program progressed the extension librarians found that trying to be all things to all people was unfeasible in terms of the productive use of an extension librarian's time. A re-evaluation of the LIBREX program produced the following changes. Since an In-WATS line had been installed at the University of Kentucky, Medical School Library for working with east Kentucky hospitals, the reference function of LIBREX for Kentucky was totally transferred to the University of Kentucky.(2) All other parts of the LIBREX program were divided between the University of Louisville and the University of Cincinnati which included consultations, surveys, training programs, and other activities that would promote the development of library service from and to hospitals.

As already noted, this report covers a survey of the hospitals primarily of Kentucky to determine their potential to provide library service. The 105 survey hospitals described in terms of bed size and type of service can be seen in Table 1.

Table 1

Survey Hospitals by Bed Size

Type of Service and Availability of Bed Service

	Bed Size								
Type of Service	1-50	51-100	101-150	151-200	201-300	301-400	401-500	501+	Total
General	29	25	11	6	7	4	5	1	88
Psychiatric	1	1	-	-	1	1	-	5	9
Other	1	1	5	-	-	-	1	-	8
Total	31	27	16	6	8	5	6	6	105
Library Available	1	14	14	6	8	5	6	6	60

METHOD

The interview technique and the instrument used for this survey was previously described. (3) The survey was conducted over a period of

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(2) For a report of this service, see Barcley, Janet. User Analysis of the University of Kentucky Medical Library Health Sciences Information Service. Kentucky, Ohio, Michigan Regional Medical Library. Papers and Reports No. 10, September 1971.

(3) Lorenzi, Nancy. Hospital Libraries, a Method for Surveying for the Ohio Valley Regional Medical Program, a Working Paper. Kentucky, Ohio, Michigan Regional Medical Library. Papers and Reports No. 4. February 1970.

18 months. Obviously, some of the data reported here may no longer be accurate because of the long time span. The changes are, however, minor and do not alter the general description of the hospital libraries to any appreciable extend.

FINDINGS

All 31 hospitals of over 150 beds have libraries. Only one of the 31 hospitals with less than 51 beds has a library. The larger the hospital the more chance it will have a library; there are 45 hospitals of less than 150 beds that have no formal beginnings of library service. However, many of them have scatterings of books and journals in collections throughout the hospital, some of which could serve as a base to start a library. For the present at least, any program to promote access to the scholarly record of medicine can encompass only 60 of the 105 hospitals. The following discussion relates only to these 60 "libraries".

Within these 60 libraries, at the time of the survey, there were 55 individuals engaged in operating the libraries in spite of the fact that 15 hospitals had no librarian at the time of the visit. This is due mainly to job changes; that is, the "librarian" had left and no replacement had yet been found. Unfortunately, only 15 of the 55 individuals worked full time and only four of the 55 had a degree in library science. All the rest had to learn whatever expertise they acquired through on-the-job activity. Of the 40 persons who served as part-time librarians, 27 are medical records librarians who are assigned the task of "running the library" as part of their work load. Seven hospitals employ part-time librarians and three persons volunteer their services. The administrative secretaries are responsible for three libraries.

The librarian interviewed was asked about the number of hours the library is open per day. Since many hospital libraries operate on an honor system the answer of "always" reoccurred many times. As the Summary Table indicates, 27 of the 60 hospital libraries operate on an honor system with the library always being open, but slightly more than half are open less than 16 hours per day. These are usually the "one-person" libraries that are locked when the librarian is not available. Although 52 libraries would be open to those that need information any time of day, there are eight which are closed after the staff leave.

Budget and sources of budgetary support were unknown to one-half of the librarians interviewed. Of the 29 librarians that knew the budget (or guessed, as the case may be) all but four stated that it was less than $2,000 per year. One lucky hospital received more than $10,000 for library operations per year. The source of funding of 22 of the 60 libraries was given as the hospital. Nine

stated that total support came from the physicians. Five are operating on grant funds (not necessarily NLM grant monies). None of the libraries visited knew about the funds available from the Medicare program and, therefore, no library support was generated from this source. The state hospitals were supported totally by state money.

Thirty hospitals have library collections that are less than 250 books. Nine hospitals have more than 1,000 books within their collection, but there are 11 hospitals which have no inventory control over their collections. Table 2 lists the number of books added per year. Although 26 persons responsible for library activities could not estimate the number of books added to the collection each year, of the remainder only seven hospitals add more than 50 books per year.

Dewey is not dead - he lives in hospital libraries! Twenty-one out of the 60 hospital libraries utilize the Dewey classification system. National Library of Medicine classification is used in seven hospitals. Seventeen hospitals have no classification system and nine use a variety of "home-developed" systems. These on-site developed systems range from subject arrangement to color coding. There are two hospitals using Library of Congress, three the Cunningham system and one the Boston Medical classification system. Almost one-third (17) of the hospitals have no bibliographic control over their collections. The dictionary card catalog is used in 31 hospitals while seven have a divided card catalog.

All 60 hospital libraries had journals on hand, either donated or by subscription. Fourteen hospitals received 10 titles or less. Eleven to twenty titles were available in each of 16 hospitals. One hospital received more than 200 titles as part of their journal collection. Even though all hospitals received journals, seven library personnel interviewed were unable to say how many journals were received. Only 16 hospitals bind their journal collections, however, 12 persons indicated that a small part of the journal collection was bound or that they were not familiar with binding procedures so they could not respond to this question. (See Table 2) Two-thirds of the hospitals retain their journal titles for more than 10 years or have never had to face the problem of needing to discard. Twelve hospitals keep journals for 1-3 years. Seven hospitals retain titles for 4-6 years. It appears that if journals are not discarded within six years they remain on the shelf until space demands otherwise.

When questioned about a circulation policy, 31 libraries indicated they have "some type" of policy. This may or may not be written and chances are that the policy is only verbal. Twenty-six libraries have no type of circulation policy and three stress "unknown" as the response.

Table 2

Summary Data of Survey of 60 Kentucky Hospital Libraries

1969-71

	Bed Size								
Librarian Available	1-50	51-100	101-150	151-200	201-300	301-400	401-500	500+	Total
Full time	1	-	1	2	1	4	4	2	15
Part time	-	11	12	3	7	1	2	4	40
Librarian's Education									
M.S. in L.S.	1	-	-	-	-	1	2	-	4
Other		11	13	5	8	4	4	6	51
Major Responsibility of Part Time Librarian									
Medical records	-	10	11	2	2	-	-	2	27
Administrative	-	-	-	-	3	-	-	-	3
Volunteer	-	1	1	1	-	-	-	-	3
Library only	-	-	-	-	2	1	2	2	7
Number of Books Added/ Year									
< 50	-	8	9	2	4	3	-	-	26
51-100	-	-	-	-	-	-	-	1	1
101-200	-	-	-	-	-	-	1	2	3
>200	-	-	-	-	-	1	1	1	3
Unknown	1	6	5	4	4	1	4	2	27
Classification System									
Dewey	1	3	4	1	4	2	3	3	21
NLM	-	-	1	2	-	-	2	2	7
LC	-	-	-	-	-	2	-	-	2
Cunningham	-	1	1	1	-	-	-	-	3
Boston Medical	-	1	-	-	-	-	-	-	1
Other	-	2	4	1	-	1	-	1	9
None	-	7	4	1	4	-	1	-	17
Type of Card Catalog									
Dictionary	-	6	9	4	5	5	2	5	36
Divided	1	-	-	-	1	-	4	1	7
None	-	8	5	2	2	-	-	-	17

(Cont'd)

Table 2 (Cont'd)

	1-50	51-100	101-150	151-200	201-300	301-400	401-500	500+	Total
Number of Journal Subscriptions									
1-10	1	4	2	3	3	1	-	-	14
11-20	-	5	9	2	-	-	-	-	16
21-30	-	4	1	-	-	1	1	-	7
31-60	-	-	1	-	1	-	1	1	4
61-90	-	-	-	1	2	2	1	-	6
91-125	-	-	-	-	-	-	-	2	2
126-175	-	-	-	-	-	1	-	2	3
>176	-	-	-	-	-	-	2	-	2
Unknown	-	1	1	-	2	1	2	-	7
Library Hours (open per day)									
<16	1	3	8	3	3	4	5	6	33
16-24	-	11	6	3	5	1	1	-	27
Access After Closing	1	14	11	6	8	4	5	3	52
Total Budget									
<2000	-	1	14	2	4	1	2	1	25
2000-4000	-	1	-	-	-	1	-	-	2
6000-7000	-	-	-	-	1	-	-	-	1
>10,000	-	-	-	-	-	-	1	-	1
Information not avail.	1	12	-	4	3	3	3	5	31
Source of Funding									
Physician	-	1	1	1	3	2	1	-	9
Hospital	-	5	9	2	3	2	1	-	22
Grants	-	3	1	-	-	-	1	-	5
State	-	-	1	-	2	1	1	2	7
Other	-	-	-	1	-	-	2	-	3
Information not avail.	1	5	2	2	-	-	-	4	14
Size of Collection									
Unknown	-	4	3	2	1	-	1	-	11
<100	-	2	3	-	1	-	-	-	6
101-200	-	2	3	-	1	-	-	-	6
201-300	1	4	1	3	1	1	-	-	11
301-400	-	1	1	-	2	2	2	-	8
401-500	-	1	3	-	1	-	-	-	5
500-1000	-	-	-	1	-	-	1	2	4
1001-3000	-	-	-	-	1	1	1	3	6
>3001	-	-	-	-	-	1	1	1	3

(Cont'd)

Table 2 (Cont'd)

	Bed Size								
	1-50	51-100	101-150	151-200	201-300	301-400	401-500	500+	Total
Journals Bound									
Yes	-	1	4	3	2	4	-	1	15
No	1	11	10	2	6	1	2	-	33
In part	-	2	-	1	-	-	4	5	12
Journals Kept									
1-3 years	1	1	1	4	2	-	3	-	12
4-6 years	-	1	2	-	1	2	-	1	7
10 or more	-	12	11	2	5	3	3	4	41
"Reference" Service Provided	-	-	1	-	2	3	3	2	11
Library Committee	-	7	9	5	6	5	6	5	43
Library Committee Approves Book Selection	-	3	5	2	3	3	3	5	24
Interlibrary Loans Per Month									
Unknown	1	14	13	4	7	2	1	1	43
1-10	-	-	1	2	1	-	2	3	9
11-20	-	-	-	-	-	1	1	1	3
21-30	-	-	-	-	-	-	1	-	1
> 31	-	-	-	-	-	2	1	1	4

The idea that the librarians need only be concerned with housekeeping operations seems to prevail within these hospital libraries since 49 persons indicate they do not answer any type of reference question (this includes quick reference and bibliographic searching). Several librarians, however, are active in the reference area. Many try to make the collection available, even though many of the borrowers are not as eager as the librarian. Three hospitals indicated that more than 100 questions are answered per year. Although one-third of the hospitals have almost no sources from which to provide any reference service, the remainder have at least a potential if the staff were given the responsibility. (See Table 3)

Interlibrary loans were discussed with all interviewees. The connections between the Ohio Valley Regional Medical Program and the Kentucky, Ohio, Michigan Regional Medical Library Program were stressed. As with the reference area, 43 libraries indicated unknown or none in response to the question about borrowing materials not on hand from other libraries. Four hospitals indicated that 30 or more interlibrary loans were requested each month. Many of these were obtained from various sources.

Since many of the librarians had no formal library science education an effort was made to determine the function of the Library Committee within the hospital library. Fourteen hospitals have no type of Library Committee and the answer is unknown for three hospitals. Although 43 of the 60 hospitals have Library Committees, their influence is known in only 24 in that it is the committee that approves book purchases. Librarians were able to purchase books without direct approval from Library Committee members in 16 hospitals.

Table 3

Reference Materials Available in 60 Hospital Libraries*

	Bed Size								
Reference Tools	1-50	51-100	101-150	151-200	201-300	301-400	401-500	500+	Total
Index Medicus (monthly)	-	-	3	3	3	5	6	4	24
Cumulated IM	-	-	-	-	-	1	3	2	6
Abridged IM	1	1	5	1	-	-	1	-	9
Hospital I	-	-	-	1	-	4	5	4	14
Int.Nursing I	-	1	-	-	1	-	3	2	7
Index to Dental Lit.	-	1	-	-	-	-	-	-	1
Current List Med.Lit.	-	-	-	-	-	1	2	-	3
Current Med. Ref	1	2	5	3	6	4	5	3	29
None of the above	-	9	10	3	5	-	-	1	28

* Hospital libraries also contained other reference tools not on this list. Only those listed were checked.

DISCUSSION

The fundamental assumption of the new organization of the RMLP is the existence of the "basic unit" library from which and to which regional services are directed. The institutions which support the major part of the biomedical research are supporting resource libraries. It is the health care institution, the hospital, which does not have access to the scholarly record. The RMLP supposedly is to extend the services of resource libraries to hospitals. To make it possible to extend services requires that some facility be available at hospitals through which regional services can be channeled.

Although 57% of the survey hospitals do have a library, or at least the potential to begin to provide access to the scholarly record, there still is a large share of the institutions without any means to utilize any of the RMLP services. Certainly, from the data presented here one might argue that all the larger hospitals have the potentiality to provide library access service and hence the major portion of the biomedical professionals affiliated or employed in the area do have libraries. This quantitative judgment, however, begs a very important question. Almost one-third of the hospitals are less than 50 beds and only half those with 50-100 beds have any semblance of a library. Certainly, considering the cost of maintaining a hospital library service that could exploit the RMLP or RMP information services, the amount of money required to have a library seems small. The values we place on our institutional health care facilities have not included a library.

1. The smaller institution has not provided space to house a library. Hospital space is expensive. Renovating existing buildings is not only comparatively expensive, but more important, space is always at a premium no matter how large or small the institution.

2. A library requires staff even if only on a part-time basis. Again, the budgets of smaller hospitals are strained to provide the staff to cover the direct needs of patients, much less to employ individuals to operate a library that is used infrequently by but a few professionals.

From our present administrative views it appears that a hospital must be of a certain size before it can seriously consider any kind of library service. All of these arguments beg the important question of the need for access to the scholarly record. Fortunately, a dramatic answer can be provided. Barcley has shown that given a

"free" access service through the telephone, health professionals indeed demonstrate that they need information.(4) Not only do physicians have an expressed need, but so do many other professionals. The data at present indicates that, at least within the survey hospitals, the number of requests for documents made of resource libraries from individuals who are affiliated with small institutions (or have no institutional affiliation) exceeds that of the individuals who have a hospital library.

Even in the situations where a hospital has taken on the responsibility of providing library service, its problems only begin. At the time of the survey, one-fourth of the hospitals reported a librarian vacancy. A library is a service function. To be utilized efficiently it must be made dependable. Access to the RMLP services demands an intermediary, a librarian, to be located at the hospital. Without such an individual, the bureaucracy is more than a busy professional ordinarily can cope with. A potential for service does not get translated into real service without effort. Arguments for the need of a regularized RMLP service for the training of individuals in hospital libraries appears mandatory from these data if a national BCN is to be created. The base unit must have a stability which depends upon trained individuals. The isolation of the institutions, coupled with financial considerations, make it next to impossible for them to provide the means to give on-the-job training without some regularized and structured assistance.

The stability of the hospital library is challenged in another way as demonstrated by the data from this survey. Although there were 15 individuals employed full-time in the library, there were 40 who worked only part-time. More important, 75% of these individuals had other duties besides the library. This brings up divided loyalties, particularly since most of the part-time librarians also dealt with the institution's medical records. Medical records are important documents for the hospital. This is the only real evidence a hospital has that it delivers health care. The accuracy and the up-to-dateness of these records affects the kind of care it can provide its patients and in part, at least, is the tangible evidence for securing its funding. The individual who must choose between keeping the hospital medical records up-to-date and providing library service actually has no practical choice. The medical records must take precedence.

The identification of 60 hospitals with libraries is perhaps misleading. What has been included are those institutions that have

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(4) op.cit.

demonstrated a desire to have a library and have taken steps, albeit in some instances with very little investment, to create such a facility. One need only cursorily peruse the data of Tables 2 and 3 to come to the conclusion that the collections are not only meager, but their control precludes any idea that Kentucky hospitals have functioning libraries that can assist professionals in gaining needed information. The size of the collections are perhaps less of an indication of the adequacy of the library than the fact that only 24 hospitals receive Index Medicus, but even more sad is the fact that only six acquire the cumulation. The absence of this basic bibliographic instrument is an indication of the lack of understanding of the important part of library service -- the identification of documents that may be a source of information. Other bibliographic instruments are available, but they do not have the capability of Index Medicus. The absence of this instrument probably reveals more about the actual services given than any other indicator. It is possible to have a library facility with a small collection without a professional librarian if the collections are well organized bibliographically. Health professionals have had the experience to utilize libraries, but they must be organized to be other than a current awareness facility or a textbook reference shelf. The data indicate that considerable effort has to be expended before it can be said the hospitals have a dependable library service. This statement is not meant to be pejorative, rather a statement of fact. The requirements of health professionals to have access to the scholarly record has only recently become a recognized need. Without clear standards and without a means for educating librarians, the results of the survey are a testimony to efforts of many institutions to try to develop a facility that will become increasingly important (i) if the trend continues that medical research will produce new knowledge that needs to be translated into a form to aid in problem solving in health care institutions and (ii) if the concept that health care is a right rather than a privilege gets to be an operating value in our society.

One result of this survey that may not be apparent from the data is that a "base-line" of hospital library service has been established. Any library program that is continuing or is to be started in Kentucky now has a point from which to determine if the program has any effect. Certainly one of the difficulties in the past has been the measure of the results of library programs. While other things were accomplished through this survey methodology, that is, consultative services provided and informing institutions of existing programs which might be of benefit to them, the collecting of the data reported here can be acquired more simply through a direct questionnaire. An institution which cannot supply the information probably should not be identified as having a library service.

A medical librarian examining these data may be tempted to judge the situation as bad. Such a judgment is unwarranted. Medical librarians have gained their identity primarily through academic and resource libraries. The work of a librarian in a hospital or other clinical setting requires a different motivation. The value system assumed by the academic medical librarian is not directly applicable to hospital librarians. One's value system, as a librarian, arises mainly from the environmental setting in which he works. The task before us lies more with determining the relative importance of library services to hospitals outside of large medical centers. A less urgent task is prescribing technical improvements in existing hospital libraries. These values are not, of course, entirely within the hands of librarians to enumerate. Many competing factors must be considered before we can begin to describe what "ought" to be. There are many technical details that can be recommended by medical librarians for the improvement of hospital health science libraries as libraries. Expertise is not easily translated into actual programs across different environments. This survey demonstrates as with others carried out in different parts of the nation that we do not yet have a clear picture of the responsibilities of the basic unit libraries in the projected Biomedical Communications Network proposed by the National Library of Medicine.

SUMMARY AND CONCLUSIONS

A survey of 105 Kentucky and Indiana hospitals was made to determine the extent and quality of library service available under the auspices of the Ohio Valley Regional Medical Program. Summary data on the 60 hospitals with libraries are reported here with the objective of examining the capability of these institutions as a group to participate in the formation of a Biomedical Communications Network as proposed by the National Library of Medicine. Although the data from an academic librarian's viewpoint indicate that few hospitals have a dependable library service, the more optimistic view is that a "base-line" has been established from which to make assessments in the future for improved hospital health science libraries. From the data presented many obvious technical improvements could be suggested; however, the more important conclusion to be reached from this survey is the need for establishing some value system on which to base priorities and to establish goals for improvement. Only with a comprehension of the value orientation of hospitals as institutions and their efforts to provide library service can the RMLP translate the concept of a national Biomedical Communications Network into a viable organization.